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UTILITY PATENT APPLICATION

Attorney Docket No.	03630.002110.
First Name	d Inventor or Application Identifier
	Abhijit B. Rao
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TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b)) Mail Stop Patent Application APPLICATION ELEMENTS Commissioner for Patents ADDRESS TO: See MPEP chapter 600 concerning utility patent application contents. P.O. Box 1450 Alexandria, VA 22313-1450 Fee Transmittal Form Х 7. CD-ROM or CD-R in duplicate, large table or Computer (Submit an original, and a duplicate for fee processing) Program (Appendix) Applicant claims small entity status. Nucleotide and/or Amino Acid Sequence Submission See 37 CFR 1.27. (if applicable, all necessary) Computer Readable Form (CRF) Specification Total Pages b. Specification Sequence Listing on: Drawing(s) (35 USC 113) Total Sheets CD-ROM or CD-R (2 copies); or Oath or Declaration Total Pages Statements verifying identity of above copies Newly executed (original or copy) ACCOMPANYING APPLICATION PARTS Copy from a prior application (37 CFR 1.63(d)) Assignment Papers (cover sheet & document(s)) (for continuation/divisional with Box 17 completed) 37 CFR 3.73(b) Statement DELETION OF INVENTOR(S) Power of Attorney (when there is an assignee) Signed Statement attached deleting inventor(s) named in the prior application, see English Translation Document (if applicable) 37 CFR 1.63(d)(2) and 1.33(b). Information Disclosure Copies of IDS 6. X Application Data Sheet. See 37 CFR 1.76

\*\*Express Mail\*\* satisfing label number EV1943 LD 349 U Statement (IDS)/PTO-1449 Citations **Preliminary Amendment** Date of Deposit JUNE 25, 2007 I hereby certify that this paper or fee is being deposited with Return Receipt Postcard (MPEP 503) the United States Postal Service "Express Mail Post Office to (Should be specifically itemized) Addressee" service under 37 CFR 1.10 on this date indicated above and is addressed to the Commissioner of Patents and Trademarks Certified Copy of Priority Document(s) P.O. Box 1450, Alexandria, VA 22313-145 (if foreign priority is claimed) 16. Other: (Typed or printed name of person mailling p 17. If a CONTINUIN nd capply the requisite information: mailing paper or foc) (Signature of perso Divisional Continuation-in-part (CIP) of prior application No. \_\_\_/\_ Continuation Prior application information: Examiner Group/Art Unit: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 18. CORRESPONDENCE ADDRESS 05514 Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) Correspondence address below NAME Address Zip Code City State

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	128-20 =	108	X \$ 18.00 =	\$ 1,944.00
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	INDEPENDENT CLAIMS (37 CFR 1.16(b))	8-3 =	5	X \$ 84.00 =	\$ 420.00
Triples.	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d)) \$2			\$280.00 =	\$ 280.00
				BASIC FEE (37 CFR 1.16(a))	\$ 750.00
			Total of	above Calculations =	\$ 3,394.00
	Reduction by	50% for filing by small en	tity (Note 37 CFR 1.9, 1	.27, 1.28).	
ulies at Manager				TOTAL =	\$ 3,394.00
<ul> <li>Small entity status</li> <li>a.</li></ul>					
c.					
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
NAME	Dennis A. Duchene, Reg. No. 40,595			
SIGNATURE.	DID			
DATE	June 25, 2003			